

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003281

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

447

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

447

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Inside Limits

Yes ☐ No ☐c. CITY
OR
TOWN

ST. LOUIS

d. STREET
ADDRESS

(If outside, give location)

3400 S. 2nd ST.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EDWARD

BUCKOWITZ

4. DATE
OF
DEATH

Month

Day

Year

JAN. 14 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

NOV 26 1905 57

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BREWERY WORKER

10b. KIND OF BUSINESS OR INDUSTRY

BOSCH BREWERY

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ANTON BUCKOWITZ

13b. MOTHER'S MAIDEN NAME

URSULA KOLFALT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

JOSEPH BUCKOWITZ 3400 S. 2nd ST.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

DUE TO (b)

Hypertension

DUE TO (c)

4201

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.INTERVAL BETWEEN
ONSET AND DEATH

1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Aug 2, 1962

to Jan 14, 1963

and last saw her alive on Oct 9, 1962

Death occurred at

310 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. L. Merkleman M.D.

22b. ADDRESS

3507 Potomac

22c. DATE SIGNED

1-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1/19/63

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

1-15-1963

26. REGISTRAR'S SIGNATURE

Loan Smith. M.D.

Dr. Marked in 11-0
000007

0-1P

working under my personal supervision.

Signed Robert J. [Signature]

Licensed Embalmer No. 4201

--P. O. Address 11. Home

If this body is not embalmed, fact should be so stated above.